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TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
(508) 839-5335 ext. 1120 • FAX (508) 839-4602
www.grafton-ma.gov

PLANNING BOARD
GRAFTON, MA

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GRAFTON, MA
NOV 16 PM 4:17

PLANNING BOARD

APPLICATION FOR MODIFICATION OF A SPECIAL PERMIT

Application No. SP2014-7.1

APPLICANT & PROPERTY OWNER INFORMATION

NAME Leslie + Ron Anderson
STREET 15 Blanchard Rd CITY/TOWN Grafton
STATE MA ZIP 01519 TELEPHONE 508-839-4517

NAME OF PROPERTY OWNER (if different from Applicant) _____

Deed recorded in the Worcester District Registry of Deeds Book 17528 Page 276
20532 230

SITE INFORMATION:

STREET AND NUMBER 15 Blanchard Rd
ZONING DISTRICT R40 ASSESSOR'S MAP 88 LOT #(S) 169
LOT SIZE 2.03 Acres FRONTAGE 140'
CURRENT USE Residential with a special permit for keeping of livestock

PROJECT/PLAN INFORMATION:

PLAN TITLE _____

PREPARED BY (name/address of PE/Architect) _____

DATES _____

Use for which Special Permit is sought: (refer to § 3.2.3.1 of the Zoning Bylaw - Use Regulation Table):

Modify existing special permit for keeping of livestock under 5 Acres

Cite all appropriate sections of the Zoning By-Law which pertain to this Application, Use and Site:

TO THE GRAFTON PLANNING BOARD:

The undersigned, being the APPLICANT named above, hereby applies for a SPECIAL PERMIT to be granted by the Planning Board and certifies that, to the best of APPLICANT'S knowledge and belief, the information contained herein is correct and complete.

Applicant's Signature Leslie Anderson Date: 11/16/15

Property Owner's Signature (if not Applicant) _____ Date: _____

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PLANNING BOARD

APPLICATION FOR MODIFICATION OF A SITE PLAN APPROVAL

Application No. SP2014-T.1

APPLICANT NAME: Leslie + Ron Anderson

STREET 15 Blanchard Rd CITY/TOWN Grafton

STATE MA ZIP 01519 TELEPHONE 508-839-4517

PROPERTY OWNER NAME: Same

STREET _____ CITY/TOWN _____

STATE _____ ZIP _____ TELEPHONE _____

Deed recorded in the Worcester District Registry of Deeds Book 17528 Page 276
20532 230

CONTACT PERSON'S NAME: Leslie Anderson

TELEPHONE 508-839-4517

SITE INFORMATION:

STREET AND NUMBER 15 Blanchard Road

ZONING DISTRICT R40 ASSESSOR'S MAP 88 LOT #(S) 169

LOT SIZE 2.03 Acres FRONTAGE 140'

CURRENT USE Residential with a special permit for keeping of livestock.

PLAN INFORMATION:

PLAN TITLE _____

PREPARED BY _____

DATE PREPARED _____ REVISION DATE _____

Describe proposed changes / additions: 1 Horse and 2 Companion animals
plus show location of fence and barn.

TO THE GRAFTON PLANNING BOARD:

The undersigned, being the APPLICANT named above, hereby applies for approval of the above entitled SITE PLAN by the Planning Board and certifies that, to the best of APPLICANT'S knowledge and belief, the information contained herein is correct and complete and that said PLAN conforms with the requirements of the Zoning By-Law of the Town of Grafton.

Applicant's Signature Leslie Anderson Date: 11/16/15

Property Owner's Signature (if not Applicant) _____ Date: _____

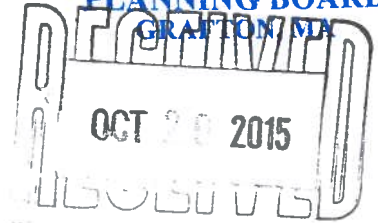
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PLANNING BOARD
 GRAFTON, MA



TREASURER / COLLECTOR

Certificate of Good Standing

Applicants seeking permits with the Town of Grafton must submit this completed form at the time of application. When all obligations are paid to date, you must attach this "Certificate of Good Standing," with your application. Delinquent bills must be paid in full before the appropriate department accepts your application. Please make arrangements to pay these outstanding bills at the Collector's Office.

Please note: it can take up to three (3) business days to process each request.

Please check all that apply and indicate if permit(s) have been issued.

	Permit Issued?			Permit Issued?	
	Yes	No		Yes	No
<input type="checkbox"/> Building – Inspection(s)	_____	_____	<input type="checkbox"/> Septic System	_____	_____
<input type="checkbox"/> Building – Electric	_____	_____	<input type="checkbox"/> Conservation	_____	_____
<input type="checkbox"/> Building – Plumbing	_____	_____	<input checked="" type="checkbox"/> Planning	_____	_____
<input type="checkbox"/> Board of Health	_____	_____	<input type="checkbox"/> Other	_____	_____

Other Permit: _____

Leslie Anderson

Petitioner Name

Same

Property Owner / Company Name

15 Blanchard Rd

Petitioner Address

Property Address

Grafton, MA 01519

City, State, Zip

Grafton, MA

City, State, Zip

508-839-4517

Phone

Date:	Current	Delinquent	N/A
Real Estate	✓		
Personal Property			✓
Motor Vehicle Excise	✓		
Disposal			✓
General Billing			✓

Samantha Lyke

Treasurer / Collector Name (please print)

Samantha Lyke

Treasurer / Collector Signature

10/29/15

Date